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Why so unfit? Assessing the Potential Barriers to Exercise in Middle-Aged Men

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Introduction

Compared to women, men:

- have a higher mortality rate
- consistently die younger
- are more susceptible to sedentary-lifestyle related diseases (e.g., cardiovascular disease)
- are more likely to engage in behaviours that increase risk of injury, disease, or death
- are *less* likely to seek help with physical health.

Despite these statistics, the amount of literature devoted to women's health in the past two decades still greatly exceeds that devoted to men's health. The result is that we actually know very little about what influences men's health behaviours.

We utilised the transtheoretical model of exercise behaviour change to determine the pattern of exercise adoption in middle-aged men. We also analysed whether this pattern was influenced by three potential barriers to exercise: poor self-rated health, low levels of internal health locus of control, and high perceived stress levels.

Hypotheses

Compared to participants in the last stage of change (maintenance), it was hypothesised that participants in the first stage of exercise change (precontemplation) would have:

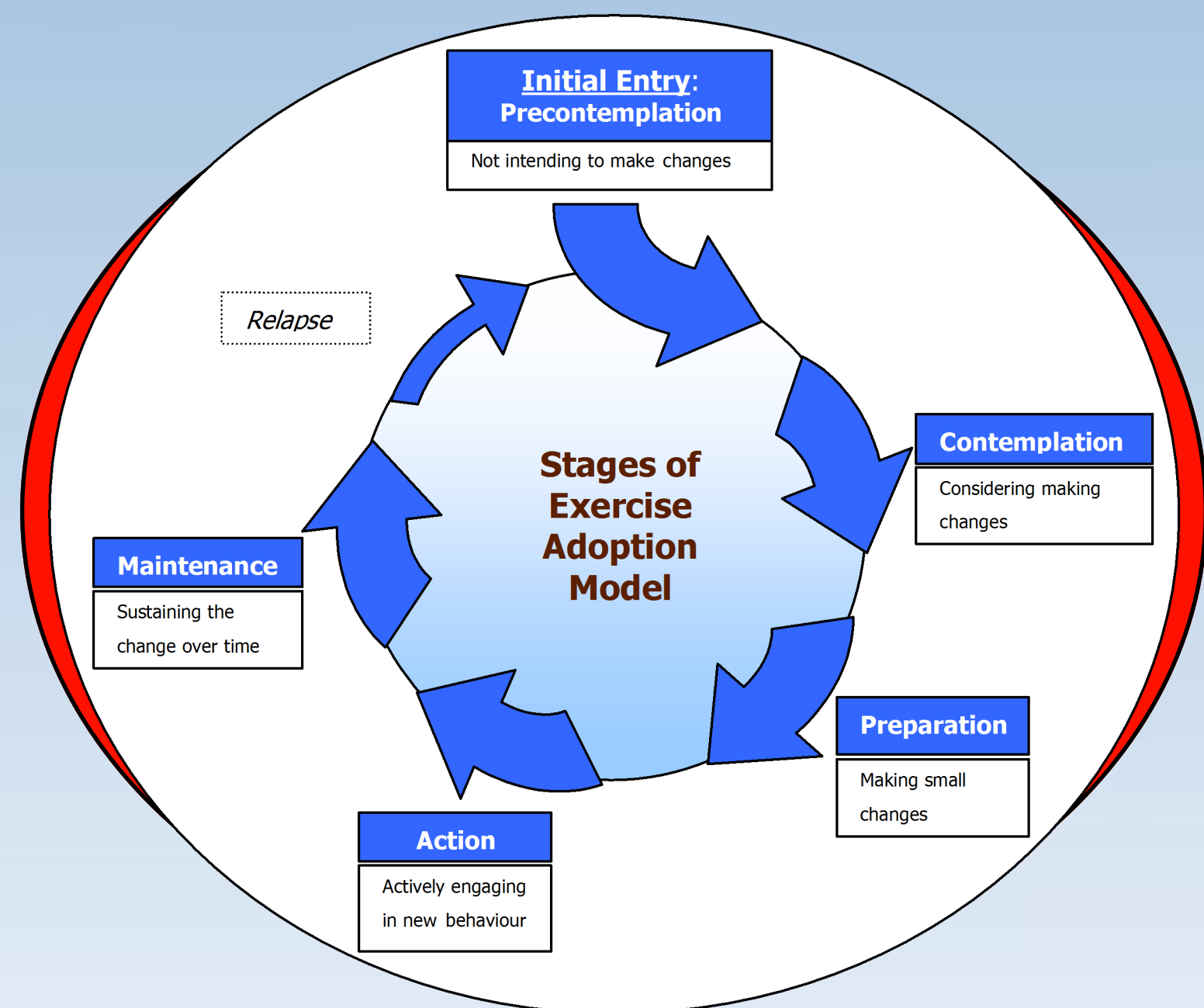
- lower self-efficacy
- less concern over the pros of exercise
- more concern over the cons of exercise
- poorer self-rated health
- higher levels of perceived stress
- lower levels of internal health locus of control

Method

We surveyed 87 middle-aged men (mean age 54) from both urban and rural Rotary clubs in the lower North Island.

We measured:

- Stage of exercise adoption (see stages of exercise adoption model)
- Self-efficacy
- Pros and cons of exercise
- Self-rated health
- Perceived stress
- Internal health locus of control



Results

The original 5-stage model was reduced to 3-stage model due to uneven participant spread:

1. Precontemplation

2. Contemplation

3. Preparation

4. Action

5. Maintenance

	Stage 1	Stage 2	Stage 3	F
Self-rated health	4.8	5.0	5.9	10.8*
Self-efficacy	4.3	4.4	5.6	12.4**
Cons of exercise	3.0	3.0	2.3	9.3*

Note: * $p < 0.01$; ** $p < 0.001$

Only three of the variables measured showed a significant differential pattern across the three stages of change. Men in stages 1 or 2 had poorer self-rated health, lower self-efficacy, and were more concerned with the cons of exercise than men in stage 3.

Discussion

Transtheoretical Model

Both self-efficacy and the cons of exercise play significant roles in men's health decision making. However, the pros of exercise may not play a significant role. Two possible reasons for this are:

- The benefits of exercise may have little relevance as men consistently under-rate their risks of ill health
- The scale itself may not actually tap the benefits that men recognise as important (e.g., social interaction).

Barriers

Low self-rated health may be a significant barrier to exercise for men. Two possible reasons for this are:

- The challenge of getting fit may pose too great a task
- The rigors of fitness training may pose too great a risk for an unhealthy body

Stress and locus of control were not significant barriers to exercise, but significant correlations with other variables that did show differences indicate that they have potential antecedent roles in exercise decision-making.

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Towers, AJ

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